## PATENT APPLICATION FEE DETERMINATION RECORD

Effective October 1, 2003

Application or Docket Number

T1-37332

CLAIMS AS FILED - PART I (Column 1) (Column 2)								SMALL ENTITY TYPE			OTHER THAN SMALL ENTITY	
TC	OTAL CLAIMS	,	6			. • !	]	RATE	FEE	7 /	RATE	FEE
FC	DR .		<del>                                     </del>	NUMBER FILED		NUMBER EXTRA		BASIC FEE	385.00	OR	BASIC FEE	770.00
TC	OTAL CHARGE	ABLE CLAIMS	6 mir	6 minus 20=		• _		X\$ 9=		OR	X\$18=	
INE	DEPENDENT CI	LAIMS	L mi	∠ minus 3 =			]	X43=		OR	Voc	
ML	JLTIPLE DEPEN	NDENT CLAIM PR	RESENT				]	+145=		OR	+290=	
* If	the difference	e in column 1 is	less than ze	ero, enter	"0" in c	column 2	L	TOTAL	<u> </u>	OR	TOTAL	770
	C	CLAIMS AS A	<b>AMENDE</b>	) - PAR	T II			•		1	OTHER	THAN
	<del></del>	(Column 1)	· · · · · · · · · · · · · · · · · · ·	(Colum		(Column 3)	<u>)</u> _	SMALL		OR	SMALL E	
AMENDMENT A		CLAIMS REMAINING AFTER AMENDMENT		HIGHE NUME PREVIO PAID F	BER DUSLY	PRESENT EXTRA		RATE	ADDI- TIONAL FEE		RATE	ADDI- TIONAL FEE
NON	Total	*	Minus	**		±	] [	· X\$ 9=		OR	X\$18=	
AME	Independent	* ENTATION OF MU	Minus	PENDENT	- CL AIAA	]=	<b>↓</b> [	X43=		OR	X86=	
	FIRST PRESE	NIAHUN OF INIC	JUIPLE DEF	PNDEIA	CLAIN		1	+145=		OR	+290=	
							. <b>L</b>	TOTAL ADDIT, FEE			TOTAL ADDIT. FEE	:
		(Column 1)		(Colum	nn 2) _	(Column 3)		WUII. FEL E			ADDIT. FEEL	
ENT B		CLAIMS REMAINING AFTER AMENDMENT		HIGHE NUME PREVIO PAID F	EST BER DUSLY	PRESENT EXTRA	$\left[ \right]$	RATE	ADDI- TIONAL FEE		RATE	ADDI- TIONAL FEE
AMENDMENT	Total		Minus	**		=	1 [	X\$ 9=		OR	X\$18=	
AME	Independent	<u></u>	Minus	***	~: :134	= .	] [	X43=		OR	X86=	
لــــا	FIRST PHESE	ENTATION OF MU	ILTIPLE DEP	ENDEN	CLAIM		<b>」</b>	+145=		OR	+290=	
							L	TOTAL		_ <b>L</b>	TOTAL	-
_		(Column 1)		(Colum	nn:2)	(Column 3)		DDIT. FEE <b>L</b>		- H	ADDIT. FEE <b>L</b>	• .
ENT C		CLAIMS REMAINING AFTER AMENDMENT		HIGHE NUMB PREVIOU PAID F	EST BER OUSLY	PRESENT EXTRA			ADDI- TIONAL FEE		RATE	ADDI- TIONAL FEE
ੈਂ.	Total	*	Minus	**		=		X\$ 9=		OR	X\$18=	
AME	Independent	<u> </u>	Minus	***		=	一	X43=		OR	X86=	
<u> </u>	FIRST PRESENTATION OF MULTIPLE DEPENDENT CLAIM											
		mn 1 is less than the					L	+145= TOTAL		OR L	+290= TOTAL	
· ** If	f the "Highest Nun	mber Previously Pai	aid For IN THIS	S SPACE is	less than	n 20, enter "20."	. AE	DDIT. FEE		OR A	ODIT. FEE	
***If the "Highest Number Previously Paid For" IN THIS SPACE is less than 3, enter "3."  The "Highest Number Previously Paid For" (Total or Independent) is the highest number found in the appropriate box in column 1.												